

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2		1					52	
3		2					53	
4		2					54	
5		2					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		2					63	
14		2					64	
15		2					65	
16							66	
17	1						67	
18		1					68	
19	1						69	
20		1					70	
21		1					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3						TOTAL IND.	
TOTAL DEP.	24						TOTAL DEP.	
TOTAL CLAIMS	32						TOTAL CLAIMS	